

## ATTACHMENT II SYSTEM PERFORMANCE

### 1.0 Contractor

#### 1.1 Governance

##### 1.1.1 Strategic Planning: CFAC Involvement

Indicator: The local Consumer and Family Advisory Committee as described in the State Plan participated fully in planning. There are sound plans for future involvement.

Measurement:

- (1) Survey of CFAC regarding extent & satisfaction with involvement in planning
- (2) Annual (or biennial) report from CFAC summarizing involvement in planning
- (3) Review of planning committee minutes and documents

Target Performance Standard = Documents reflect 80% satisfaction

Minimum Performance Standard = Documents reflect 60% satisfaction

(i)

##### 1.1.2 Strategic Planning: Community Involvement

Indicator: Consumers, family members and community members were involved in strategic planning.

Measurement:

- (1) Satisfaction of consumer, family members and community member involvement in strategic planning.
- (2) Survey of sample of participants.

Target Performance Standard = 80% reported satisfaction

Minimum Performance Standard = 60% reported satisfaction

##### 1.1.3 Strategic Plan: Plan

Indicator: Plan is submitted in a timely manner, adequately addresses each of the required elements and is implemented and managed.

Measurement:

- (1) Timeliness of plan submission.
- (2) Evaluation of substance, relevance and comprehensiveness of each element.
- (3) Quarterly updates providing evidence of operationalization, achievements and necessary modifications.

Minimum Performance Standard = 100% timely submission

Minimum Performance Standard = 100% substantive, comprehensive and relevant

Minimum Performance Standard = 100% reporting and evidence of management

##### 1.1.4 Accreditation

Indicator: Achieve accreditation by a nationally recognized accrediting body within the certification cycle.

Measurement:

- (1) The Contractor will be considered in compliance with this requirement in SFY 2004-2005 if evidence of planning and preparation for accreditation is demonstrated.

Target Performance 100%

## **1.2 Triage/Screening/Access**

### **1.2.1 Emergent**

Indicator: Persons who receive a pre-admission screening for inpatient care have dispositions completed within three hours

Measurement:

- (1) Review of 10% sample of persons receiving pre-admission screening for psychiatric inpatient care.

Target Performance Standard = 95% of cases reviewed meet time requirements

Minimum Performance Standard = 85% of cases reviewed meet time requirements

### **1.2.2 Urgent**

Indicator: Medicaid eligible persons and those meeting Target Population definitions will have urgent care available within 24 hours of the referral.

Measurement:

- (1) Comparison of 10% sample referrals/requests for urgent care to the next date of service in IPRS
- (2) Case review 10% sample of referrals/requests for urgent care for evidence of appointment within 24 hours

Target Performance Standard = 100% of cases reviewed meet time requirement

Minimum Performance Standard = 85% of cases reviewed meet time requirement

### **1.2.3 Routine**

Indicator: Enrolled eligible persons will have a routine assessment available within 7 calendar days of the date of the referral or request for services, whichever occurs earlier.

Measurement:

- (1) Comparison of 10% sample of referrals/requests for routine service to the date of assessment in IPRS
- (2) Case review 10% sample referrals/requests for routine service for evidence of assessment appointment within 7 days

Target Performance Standard = 100% of cases reviewed meet time requirement

Minimum Performance Standard = 85% of cases reviewed meet time requirement

#### **1.2.4 Consumer Choice**

Indicator: Staff will honor the provider choice made by an eligible person.

Measurement:

- (1) Case review of 10% sample of cases

Target Performance Standard = 100% of cases show evidence of individual's choices, preferences & selection of providers

Minimum Performance Standard = 85% of cases show evidence of individual's choices, preferences & selection of providers

### **1.3 Service Management**

#### **1.3.1 Assessments**

Indicator: Assessments are sufficiently comprehensive for the development of functional treatment recommendations

Measurement:

- (1) Case review of 1% sample of assessments

Target Performance Standard = 100% of cases reviewed meet requirement

Minimum Performance Standard = 85% of cases reviewed meet requirement.

#### **1.3.2 PCP Plan Process**

Indicator: Staff actively engage eligible persons and family members in the service planning process

Measurement:

- (1) Case review of 1% sample of persons served

Target Performance Standard = 100% of cases reviewed have a complete PCP showing evidence of C&F involvement, signed by the individual and, where appropriate, a family member

Minimum Performance Standard = 85% of cases reviewed have a complete PCP showing evidence of C&F involvement, signed by the individual and, where appropriate, a family member.

#### **1.3.3 Cultural Proficiency**

Indicator: Consumers' and families' cultural preferences are assessed and included in the development of PCPs.

Measurement:

- (1) Case review of 1% sample of PCPs

Target Performance Standard = 100% of plans reviewed show evidence that person's cultural preferences were addressed

Minimum Performance Standard = 70% of plans reviewed show evidence that person's cultural preferences were addressed

#### **1.3.4 PCP Plan**

Indicator: All eligible persons who require an array of services and supports have a comprehensive Person-Centered Plan within 30 days.

Measurement:

- (1) Case review of 1% sample of persons served

Target Performance Standard = 95% of cases reviewed have a comprehensive PCP signed within 30 days of referral.

Minimum Performance Standard = 85% of cases reviewed have a comprehensive PCP signed within 30 days of referral.

#### **1.3.5 Outcomes**

Indicator: Outcomes are met as defined in PCPs.

Measurement:

- (1) Case review of 1% sample of persons served

Target Performance Standard = 90% of cases reviewed show evidence of meeting service goals/outcomes within specified timeframes

Minimum Performance Standard = 80% of cases reviewed show evidence of meeting service goals/outcomes within specified timeframes

#### **1.3.6 Medical Necessity**

Indicator: All services shall be “reasonable and necessary to meet the preventive, diagnostic, therapeutic, rehabilitative, palliative or case management needs of the individual served,” as evidenced by use of level of care and clinical protocols as established by the Division of MH/DD/SAS.

Measurement:

- (1) Site review of 1% of number of service authorizations

Target Performance Standard = 100% of services reviewed show evidence of appropriate level of care and established clinical protocols

Minimum Performance Standard = 80% of services reviewed show evidence of appropriate level of care and established clinical protocols

#### **1.3.7 Supports and Services**

Indicator: Types and intensity of services, including case management, are provided based on the eligible person’s assessment and UM criteria

Measurement:

- (1) Case review of 1% of service authorizations

Target Performance Standard = 100% of services reviewed are in line with assessment and UM Criteria

Minimum Performance Standard = 85% of services reviewed are in line with assessment and UM criteria

### **1.3.8 Choice of Providers**

Indicator: At triage, all eligible persons will be given needed information for to make an informed selection of service provider(s) within the network.

Measurement:

- (1) Case review of a 1% sample of people served

Minimum Performance Standard =100% of cases reviewed contain evidence that the individual was provided information to assist in making an informed selection in service providers.

### **1.3.9 Housing**

Indicator: The Contractor shall conduct a comprehensive housing assessment of the area, including the current residential status of consumers, an inventory of existing resources in the community, an assessment of unmet needs and strategies to address these needs over time.

Measurement:

- (1) Review of Contractor needs assessment report for required elements and acceptable plan of action

Minimum Performance Standard = Contractor needs assessment report received and approved by January 1, 2005

### **1.3.10 Residential Stability and Appropriateness**

Indicator: Adults served by the Contractor will maintain residential stability in decent, accessible and affordable housing that promotes community integration, reflects consumer choice and provides the opportunity to achieve maximum personal independence.

Measurement:

- (1) Analysis of COI, NC TOPPS, CIP and IPRS data on residential services provided to adults served

Target Performance Standard =

100% of adults receiving COI indicate living in community-based residence, residence of choice and residence that maximizes independence; 0% indicate homelessness, substandard housing or feeling unsafe

100% of adults receiving NC TOPPS indicate living in community-based setting; 0% indicate homelessness

100% of adults receiving CIP indicate living in community-based setting, residence of choice and residence that feels safe; 0% indicate homelessness

Minimum Performance Standard =

90% of adults receiving COI indicate living in community-based residence, residence of choice and residence that maximizes independence; 0% indicate homelessness, substandard housing or feeling unsafe

90% of adults receiving NC TOPPS indicate living in community-based setting; 0% indicate homelessness  
90% of adults receiving CIP indicate living in community-based setting, residence of choice and residence that feels safe; 0% indicate homelessness

#### **1.3.11 Employment**

Indicator: Adult consumers will experience meaningful work and earn minimum wage and above.

Measurement:

- (1) Analysis of COI, NC TOPPS, CIP and IPRS data on employment of adults served

Target Performance Standard =

75% of adults receiving COI who work or are seeking work indicate working for minimum wage or higher

75% of adults receiving NC TOPPS who work or are seeking work indicate working for minimum wage or higher

75% of adults receiving CIP indicate liking their job

Minimum Performance Standard =

65% of adults receiving COI who work or are seeking work indicate working for minimum wage or higher

65% of adults receiving NC TOPPS who work or are seeking work indicate working for minimum wage or higher

65% of adults receiving CIP indicate liking their job

#### **1.3.12 Children and LRE**

Indicator: Services for children are provided in the least restrictive, most natural and stable environment appropriate

Measurement:

- (1) Analysis of IPRS data on residential services provided to all children served

Target Performance Standard = At least 85% of children served are living with their families; 15% or less are living in small (6 bed or less) congregate settings; 0% are living in institutional or large group settings.

Minimum Performance Standard = At least 65% of children served are living with their families; 35% or less are living in small (6 bed or less) congregate settings; no more than 10% are living in institutional or large group settings.

#### **1.3.13 Child Out-of-Community-Area Placement**

Indicator: Children served out-of-home will be served in their local home community.

Measurement:

- (1) A random 10% sample of cases with children who were served out of area will be drawn once each year with a field audit of whether these cases complied with the requirements of the law and regulations.

Target Performance = 100%

**1.3.14 Coordination**

Indicator: Written Agreements, specifying responsibilities are in place with local School systems, Public Health, Juvenile Justice, the Administrative Office of The Courts, Social Services and MH/DD/SAS.

Measurement:

- (1) Site review of MOA Agreements

Target Performance Standard = 100% of Agreements are signed

**1.3.15 State Operated Services**

Indicator: Offer an appointment to see individuals who choose the Contractor or a contract agent of the Contractor for follow-up care within five (5) working days (sooner, as needed) after notification to the Contractor of discharge from state hospitals, mental retardation centers, specialty institutions, institutions for children, or alcohol and drug abuse treatment centers (ADATC). If the individual does not attend the appointment (i.e., no show), the Contractor will document that reasonable professional efforts were made to see, or reschedule, the person.

Measurement:

- (1) Case review or 1% of records of "no shows" to verify follow-up efforts were made.
- (2) Review State operated services records 10% to verify notice of the discharge, the date and the individual's choice of locations to be seen.

Target Performance = 90% of the individuals for whom records are reviewed will be seen by Contractor or contract agency staff within 5 working days of discharge, or will meet criteria that all reasonable professional effort was made to see, or reschedule, any individuals who do not show up for the appointment. Reasonable effort is defined as documentation of at least one of the following within one week of the initial missed appointment: (1) a home visit or (2) a rescheduled office appointment that the individual keeps or (3) a phone conversation with the individual about the services being offered.

**1.3.16 Recidivism**

Indicator: Recidivism among persons discharged from inpatient facilities will be reduced.

Measurement:

- (1) Comparison of inpatient discharge dates to subsequent admission dates

Target Performance Standard = 15% or less of those discharged are readmitted within 30 days.

Minimum Performance Standard = 25% or less of those discharged are readmitted within 30 days.

**1.3.17 Community Collaboration**

Indicator: The contractor shall be a signatory to the area collaborative and actively participate in meetings. Contractor shall have signed local Memoranda of Agreement with the local Department of Social Services, the local school system and local stakeholders

of the Department of Juvenile Justice and Delinquency Prevention as outlined by the Comprehensive Treatment Services Program legislation.  
Measurement:

- (1) By January 1, 2005, submit an updated list of the eligible persons and agencies represented by the Local Community Collaborative.
- (2) An individual with decision-making authority represents the LME in at least 80% of the meetings
- (3) Existence of signed Memoranda of Agreement with the local Department of Social Services and local stakeholders of the Department of Juvenile Justice and Delinquency Prevention.

Target Performance = 100%

#### **1.3.18 Informed Consent**

Indicator: Consumers and/or responsible parents/guardians are informed about and give consent for prescribed medications.

Measurement:

- (1) Case review of 1% sample of persons receiving medications

Target Performance Standard = 100% of cases reviewed show evidence that the consumers and/or parent/guardians are informed about and give consent for prescribed medications.

Minimum Performance Standard = 80% of the cases reviewed show evidence that the consumers and/or parent/guardians are informed about and give consent for prescribed medications.

#### **1.3.19 Antipsychotic Medication Fund**

Indicator: Verify income and other eligibility criteria prior to requesting authorization that an individual's antipsychotic medication be paid from the State antipsychotic medication fund; re-verify that the individual remains eligible at least every 3 months; and notify the DHHS about any change in individuals' eligibility status as soon as a change is documented.

Measurement:

- (1) Individuals have been authorized for medication paid for by these funds.
- (2) A documented procedure to verify income;
- (3) A documented procedure to re-verify income and Medicaid status at least every 3 months; and
- (4) A documented procedure for notifying the DHHS when there is a change in the individual's eligibility for use of these funds.

Target Performance Standard = 100%

Minimum Performance Standard = 75%

#### **1.3.20 Forensic Evaluations**

Indicator: Contractor has within its QPN certified forensic examiners who are able to perform evaluations.

Measurement:



- (1) Compliance with G.S. 15A-1002 and 10A NCAC 18F.0122 and 14V.0104 in:
- (2) By January 1, 2005, Contractor shall submit an updated list of staff eligible persons or contracted providers who are certified forensic examiners.
- (3) The list of certified forensic examiners is regularly updated when changes in occur in the QPN roster of staff or contracted certified forensic examiners.

Target Performance Standard = 100%

#### **1.4 Qualified Provider Network**

##### **1.4.1 Proximity**

Indicator: The Contractor shall ensure geographic access to supports and services. The recipient's primary service providers shall be within 30 miles proximity or 30 minutes of travel time from the recipient's residence, whichever is less. (This excludes inpatient, State and private specialty service providers, extended observation beds).

Measurement:

- (1) Case review of a 1% sample of persons served

Target Performance Standard = 95% of cases reviewed show eligible person's primary service providers meet the 30 miles/30 minutes requirement

Minimum Performance Standard = 75% of cases reviewed show eligible person's primary service providers meet the 30 miles/30 minutes requirement

##### **1.4.2 Contract Specifications**

Indicator: Contracts show evidence of subcontract specifications listed in Attachment I.

Measurement:

- (1) Site review of contracts for 10% of QPN

Target Performance Standard = 95% of contracts reviewed include all of required elements

Minimum Performance Standard = 85% of contracts reviewed include all of required elements

##### **1.4.3 Signed Contracts**

Indicator: Any qualified Enhanced Benefit provider included in the provider network will have a signed subcontract with the Contractor.

Measurement:

- (1) Review of 25% sample of providers billing for services in the Contractor catchment area

Minimum Performance Standard = 100% of all providers receiving public funds for serving eligible persons from the Contractor catchment area have signed agreements with the Contractor.

##### **1.4.4 Coordination of Care with Primary Care.**

Indicator: Contractor ensures that providers communicate and attempt to coordinate the eligible person's care as specified in the contract

Measurement:

- (1) Case review of 1% sample of people served

Target Performance Standard = 80% of consumers' records contain evidence that providers communicate and attempt to coordinate care with the health care provider.  
Minimum Performance Standard = 60% of consumers' records contain evidence that providers communicate and attempt to coordinate care with the health care provider.

#### **1.4.5 Penetration Rates of Under-Served Populations**

Indicator: The Contractor shall be responsible for outreach and ensuring adequate access to services to target populations (Medicaid eligible and State target populations). The Contractor shall meet expected penetration rates based on the LME Cost model for national prevalence & penetration rates for each of the following groups:

- (a) All target populations
- (b) Persons age 65 and older
- (c) Persons in ethnic minorities (by sub-populations: Native American, Asian or Pacific Islander, African American, Hispanic).

NOTE: Expected penetration rate will be based on national prevalence rates in LME Cost model adjusted for socio-economic status.

Measurement:

- (1) Ratio of persons served to expected penetration rates based on LME Cost Model of prevalence rates

Target Performance Standard = 95% of the expected penetration rate for each group above  
Minimum Performance Standard = 75% of the expected penetration rate for each group above

#### **1.4.6 Communication**

Indicator: Other Providers are notified promptly or consulted in the following circumstances:

- (a) Initial assessment and treatment recommendations
- (b) Initial and significant changes in psychotropic medications and significant adverse reactions
- (c) Results of relevant laboratory, radiology or other tests
- (d) Emergency/crisis admissions or events
- (e) Discharge from an inpatient setting
- (f) Disenrollment from the Provider or Contractor; and
- (g) Any other events requiring medical consultation with a Provider

Measurement:

- (1) Analysis of response to provider complaints
- (2) Case review of 1 % sample of people served

Target Performance Standard = 80% of provider complaints about notification/consultation are resolved to both parties' satisfaction in 7 days; 80% of cases reviewed shall contain evidence that providers were notified or consulted on required items

Minimum Performance Standard = 60% of provider complaints about notification/consultation are resolved to both parties' satisfaction in 7 days; 60% of cases reviewed shall contain evidence that providers were notified or consulted on required items

#### **1.4.7 Monitoring and Management**

Indicator: Contractor shall monitor subcontracted providers to ensure compliance with all DHHS and subcontract outcome expectations, systems performance and regulatory compliance requirements

Measurement:

- (1) Analysis of Contractor monthly provider monitoring plans, reports and efforts for adequacy of oversight, timeliness of follow-up, and actions to improve services.

Target Performance Standard = 75% providers monitored

Minimum Performance Standard = 50% providers monitored

Target Performance Standard = 95% of providers monitored demonstrate improved performance

Minimum Performance Standard = 80% of providers monitored demonstrate improved performance

### **1.5 Consumer Rights and Customer Services**

#### **1.5.1 Consumer Rights: Protection**

Indicator: Contractor encourage the reporting of rights violations, investigate allegations and take action to ensure eligible persons' rights are respected

Measurement:

- (1) Analysis of number of rights complaints per 1000 persons served in the following categories:
  - (a) Total allegations of rights violation
  - (b) Substantiated recipient rights complaints in the categories of Abuse and Neglect
  - (c) Substantiated allegations for all categories other than abuse and neglect
- (2) Review of Contractor annual report on complaints and actions taken

Target Performance Standard = # substantiated acted upon 100%

Minimum Performance Standard = # substantiated acted upon 85%

#### **1.5.2 Consumer Rights: Due Process**

Indicator: All service denial, reduction, suspension or termination will be communicated to the consumer on the specified form and is accompanied by information about due process for an appeal or hearing to ensure compliance with medical necessity criteria.

Measurement:

- (1) Review of Contractor denial or reduction in services letter

Target Performance Standard = 100%

Minimum Performance Standard = 90%

### **1.5.3 Customer Services: Human Rights Committee**

Indicator: The Contractor shall maintain a fully functioning Human Rights Committee in accordance with DHHS standards.

Measurement:

- (1) Analysis of the Annual Consumer Rights Report submitted to the area board.

Target Performance = 100%

### **1.5.4 Customer Services: Survey of Satisfaction**

Indicator: Administer the DHHS Client Satisfaction Surveys, consistent with DHHS standards and submit data received according to DHHS guidelines.

Measurement:

- (1) DHHS will maintain a submission log which will indicate the submission of forms by form type and the date of receipt.

Target Performance = Client Satisfaction Surveys are received for 10% of each Contractor's most recent Mental Health, Developmental Disabilities and Substance Abuse caseloads.

## **1.6 Quality Management**

### **1.6.1 QI Plan**

Contractor shall maintain an active quality improvement committee that implements the QI plan to improve the quality of the service system.

Measurement:

- (1) Review of QI plan, activities and improvements

Target Performance Standard = 5 QI projects per year that result in improved system performance or individual outcomes

Minimum Performance Standard = 3 QI projects per year that result in improved system performance or individual outcomes

### **1.6.2 Critical incidents**

Indicator: Contractor will ensure the reporting of critical incidents, oversee the investigation of incidents, and take action to prevent future incidents

Measurement:

- (1) Analysis of number of critical incidents per 1,000 persons served in the following categories: Total critical incidents by target population, Suicides by target

- population, Incidents of Abuse / Neglect by target population, other critical incidents
- (2) Review of Contractor quarterly reports on critical incidents and actions taken

Target Performance Standard = within 20% of statewide average

Minimum Performance Standard = within 40% of statewide average

### 1.6.3 Critical Incident Follow-up

Indicator: Adequate Response and Follow-up to Individual Critical Incident and Death Reports

Measurement:

- (1) A 10% random sample of client cases where a Critical Incident or Death Report was filed to determine if there was adequate response and follow-up.

Target performance = 100%

### 1.6.4 Critical Incident Reporting

Indicator: Contractor will ensure the reporting of critical incidents by providers, review reports to determine trends and take action to make system improvements.

Measurement:

- (1) Review of Quarterly submission of a summary of all Critical Incidents and Deaths reported by Providers for that quarter. The format will summarize numbers of incidents and deaths reported in total and by selected subcategories, the numbers of providers with reports and the top five providers by numbers of reports, and examples of how the Contractor is using the collected information for quality improvement.

Target Performance = 100% of reports will show clearly identified trends and plans for how the Contractor will address those trends to make improvements in service provision and client protection.

## 1.7 Finance

### 1.7.1 Fund Balance

Indicator: Maintain responsible accounting, reimbursement and financial management practices to maintain an unrestricted fund balance of at least one month's operational costs to assure consistent availability of services to individuals within overall funding levels.

Measurement:

- (1) Review quarterly financial reports to the Contractor's Board.
- (2) Review and follow-up on financial issues identified in the Contractor's annual audit
- (3) Review Contractor internal Budget analysis and forecasting

Target Performance = fund balance greater than 1 month, but less than 15% of total budget.

Minimum Performance = fund balance equal to 1/12<sup>th</sup> of total budget.

### 1.7.2 Claims Adjudication

Indicator: The Contractor shall pay all clean claims/provider invoices within thirty (30) calendar days after receipt. The Contractor has 18 calendar days to approve or deny the claim.

Measurement:

- (1) Sample review of 1% of claims
- (2) Review of provider complaints and grievances

Target Performance = Ninety-five percent (95%) of clean claims were paid within thirty (30) calendar days after receipt

Minimum Performance = Seventy-five percent (75%) of clean claims were paid within thirty (30) calendar days after receipt

### 1.7.2 Reporting

Indicator: Submit all required reports in acceptable format and by the due date:

Report/Indicator	Measurement
Quarterly Fiscal Monitoring Reports	<ol style="list-style-type: none"> <li>1. Assessment of functioning related to compliance with the financial stability checklist, "Source of Financial Stability Information and When Might an Area Authority/County Program Receive a Follow-Up Letter", Revised by Division of Mental Health, Developmental Disabilities and Substance Abuse Services January 13, 2000.</li> <li>2. Data included on Fiscal Monitoring Report, including but not limited to, annualized expenditure rates which exceed 110%, annualized revenue rates which are less than 90%, and a decrease in cash balance of 25% or more.</li> <li>3. Submission of Fiscal Monitoring Reports on time, i.e., the 20<sup>th</sup> day of the month following the end of the quarter.</li> </ol> <p><u>Target Performance = 100%</u></p>
Cost-finding Report	<ol style="list-style-type: none"> <li>1. Annual cost finding submission due by November 2004.</li> <li>2. Submission is accurate and complete</li> </ol> <p><u>Target Performance = 100%</u></p>
Paybacks for non-compliance items identified during the Annual Medicaid Services Audit.	<ol style="list-style-type: none"> <li>1. Review of Area Authority/County Program payback report and reconciliation with DMA received within 90 days of notice.</li> </ol> <p><u>Target Performance = 100%</u></p>
SAPTBG Compliance Report	<ol style="list-style-type: none"> <li>1. Receipt &amp; timeliness of the report submission</li> <li>2. Completeness of report submission</li> <li>3. Compliance with conditions for funding.</li> </ol> <p><u>Target Performance = 100%</u></p>

Substance Abuse/Juvenile Justice Initiative Quarterly Report	1. Receipt of the report 2. Timeliness of report submission 3. Completeness of report submission 4. Compliance with conditions for funding.  <u>Target Performance = 100%</u>
TANF Work First Initiative quarterly reports.	1. Receipt of the report 2. Timeliness of report submission 3. Completeness of report submission 4. Compliance with toxicology plan, protocol and toxicology screening of clients 5. WF QSAPs performing required TANF approved activities to validate level of TANF funding  <u>Target Performance = 100%</u>
IPRS submissions	1. Review of IPRS for timely submission. 2. Review of Contractor's annual audit reports for any identified IPRS reporting issues. 3. Submission of Fiscal Monitoring Reports on time, i.e., the 20 <sup>th</sup> day of the month following the end of the quarter.  <u>Target Performance = 100%</u>

## 1.8 Information and Data

### 1.8.1 System

Indicator: The Contractor shall have an information system that supports real time data and timely submission of required reports

Measurement:

- (1) The Contractor shall submit Intake and Assessment information to the Department for 97% of its enrolled eligible person within 14 days of the eligible person's enrollment date.
- (2) 90% of CIS Intakes and Assessments shall be submitted electronically to the Department within 14 days of the eligible person's enrollment date.
- (3) The Contractor shall submit IPRS Enrollment information to the Department for 97% of its enrolled eligible persons within 20 days of the eligible person's enrollment date.
- (4) 90% of IPRS Enrollments shall be submitted to the Department within 20 days of the eligible person's enrollment date.
- (5) The Contractor shall submit all required IPRS assessment information to the Department for 97% of its enrolled eligible persons within 45 days of the eligible person's enrollment date.
- (6) 90% of IPRS required assessment information shall be submitted to the Department within 45 days of the eligible person's enrollment date.

### 1.8.2 Consumer Information Reporting

Indicator: Collect and/or submit, as required, timely and complete client data reports for all clients as specified in each of following categories:

- (1) Client Data Warehouse (CDW);
- (2) Client Outcome Initiative (COI);
- (3) NC Treatment Outcomes and Program Performance System (TOPPS) Assessments.
- (4) Core Indicators Project
- (5) Comprehensive Treatment Services Program waiting list data;
- (6) NC SNAP

Data/Indicator	Measurement
<p>Client Data Warehouse submissions</p> <p>The Client Data Warehouse (CDW) is the DHHS's source of information to monitor program, clinical and demographic information on the clients served. The data are also used to respond to Departmental, Legislative and Federal reporting requirements.</p>	<p>1.Monthly submission of data by 15<sup>th</sup> of the month.</p> <p>2.The monthly submission of admission records (record type 11) was accurate.</p> <p>3.The annual Demographic update file was received by August 15<sup>th</sup>.</p> <p><u>Target Performance = 90% of all required data fields were complete (1 quarter. Lag time) 85% of all mandatory and required data fields complete other than "unknown"? (1 quarter lag time). 90% of the individuals served each qtr. have Primary and Principal diagnoses (lag time from end of qtr. Date to admission date that allows 60 days to look at this data and report on it). 90% of SAS Principal and Primary diagnosis have SAS detail records (record 17 and 18) within 90-days of admission.</u></p> <p><u>Minimum Performance = 10% less than target on any indicator.</u></p>
<p>Client Outcome Initiative (COI) There are three instruments:</p> <p>(1) MH/SAS COI (2) DD COI (3) EI COI</p> <p>All Area Authorities/County Programs who have individuals with case numbers ending in 3 or 6 are expected to have completed one of these COI instruments with the following exception: individuals receiving substance abuse services who have completed the TOPPS.</p>	<p>1. The DHHS will generate an expected number of COI's to be completed by the Area Authority/County Program. The expected number of initial COIs will be determined as follows: The number of valid initial COIs that match to the CDW = 20% of the active caseload, as listed in the CDW after subtracting the number of clients administered the TOPPS.</p> <p><u>Target Performance = submission of 90% or more of the expected initial COIs and 90% or more of discharge and update COIs within required timeframes.</u></p> <p><u>Minimum Performance = 10% variance</u></p>
<p>IPRS</p> <p>IPRS is the DHHS Integrated Payment Reporting System. The DHHS uses IPRS to process claims for community-based DMH/DD/SA Services and Medicaid Services</p>	<p>1.The formula for the calculation is: EOB8517 + EOB8518 + EOB21Total Claims Finalized</p> <p>2.The data to calculate the above statistic will come from the IPRS weekly check write processing statistics.</p> <p><u>Target Performance = an average quarterly percent of denials for duplicates and timely filing</u></p>



Data/Indicator	Measurement
	<u>at a level of 5 Percent or less</u>
NC Treatment Outcomes and Program Performance System (TOPPS) Assessments	1. Receipt of the report 2. Timeliness of report submission 3. Completeness of report submission  <u>Target Performance = 100%</u>
Core Indicators Project  Individuals having a developmental disability will participate in the DD Core Indicators Project and not in the DHHS Consumer Satisfaction Survey.	1. Completion of Pre-survey and background information; 2. Receipt of Family Addresses on labels  <u>Target Performance =</u> <u>0 = "Unacceptable" (No Supporting Documents/Reports submitted after the deadline.)</u> <u>1 = "Inadequate" (Insufficient Reporting); and</u> <u>2= "Adequate" (Supporting documents/reports are present and complete; reports submitted on time.)</u>
Comprehensive Treatment Services Program waiting list data	Annual submission of waiting lists developed by the Local Community Collaborative. These lists will provide data on children who are eligible for the Comprehensive Treatment Services Program funding but who are waiting for services.  <u>Target Performance = 100%</u>
NC SNAP	1. Timely receipt of report 2. Completeness of data: <u>Target Performance =</u> <u>0 = "Unacceptable" (No updated Reports; report submitted on or after the 30<sup>th</sup> of the reporting month);</u> <u>1 = "Inadequate" (Incomplete Reports; data submitted after the 15<sup>th</sup> but before the 30<sup>th</sup> of the reporting month); and</u> <u>2 = "Adequate" (Reports updated and complete; reports submitted on or before the 15<sup>th</sup>).</u>

## 2.0 DHHS

REQUIREMENT	MEASUREMENT
The DHHS shall notify the Contractor of any changes in requirements before they are effective	90% of changes are communicated 90 days or more before they become effective
The DHHS shall provide instructions, forms and other necessary information on how to comply prior to the date a requirement of the Contractor becomes effective	Tools for 90% of requirements are communicated at least 10 business days prior to the date that the requirement becomes effective
The DHHS shall provide results of Performance Contract requirements and other performance monitoring to the Contractor in a timely way	100% of Performance Contract reports are communicated to the Contractor within 45 calendar days of the data submission 90% of general monitoring results are communicated to the Contractor within 45 calendar days of the conclusion of monitoring activities
The DHHS shall make available electronic files containing data submitted by the Contractor via scannable forms after the receipt of acceptable data forms	90% of Consumer Outcomes Inventory data files shall be available within 30 days 90% of Consumer Satisfaction Survey data shall be available within 60 days 90% of NC TOPPS data shall be available within 30 days 90% of Core Indicators data shall be available within 30 days 90% of NC SNAP data shall be available within 30 days
The DHHS shall make available the results of contracted studies on services and outcomes, including LME-specific reports where possible	90% of reports are available within 30 days of the completion of the study
The DHHS shall produce statewide reports on data required to be submitted by the LMEs not less than annually	Reports on statewide consumer satisfaction (annually, within 90 days of the data collection week) Reports on statewide consumer outcomes] (annually, by the end of the calendar year) Reports on statewide system performance (annually, by the end of the calendar year) Reports on statewide critical incidents (quarterly, within 60 days of the end of the quarter)
The DHHS shall provide to the Contractor a pre-payment of its per-citizen-per-month (PCPM) rate negotiated for LME functions	Payment shall be made on the first Wednesday of each month 12 out of 12 months
The DHHS shall notify the Contractor immediately of modifications in funding commitments	90% of modifications shall be communicated within 5 business days
The DHHS shall provide the Contractor with rates for state-funded services	100% of rates shall be communicated by October 1, 2004
The DHHS shall provide the Contractor with copies of the state facilities' fee determination for each Contractor resident admitted to a state facility	Within 30 days

REQUIREMENT	MEASUREMENT
The state will set target penetration rates by the effective date of the contract.	Expected penetration rates by target population, age, and ethnicity will be communicated no later than April 1, 2004.
The DHHS shall provide the guidelines, protocol, instruments and agenda of reviews to the Contractor prior to general monitoring reviews and audits of the Contractor	90% of notifications shall be received at least 30 days prior to the review
The DHHS shall provide results of audits and reviews to the Contractor within 45 calendar days of the conclusion of the data submission and/or monitoring activities	90% of reports shall be received within 45 calendar days of the conclusion of the monitoring activities
The DHHS shall review, seek additional information and approve Contractor Plans of Correction (POC) that result from monitoring/audit findings in a timely way	90% of POC approvals shall be received within 30 days of receiving the needed information from the LME
The DHHS shall review, seek additional information and approve Contractor Plans of Correction (POC) for Performance Contract requirements in a timely way	90% of POC approvals shall be received within 30 days of receiving the needed information from the LME.